MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER AS FILED 1" AMENDMENT 2 [™] AMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL IND TOTAL DEP

TOTAL DEP.

TOTAL

CLAIMS

TOTAL

CLAIMS